PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

ATTORNEY DOCKET NO. RTI-130F

FUNTATENT ATTLICATION		
	AUG 2 7 2001	80
As a below named inventor, I hereby declare that	٠,	\mathcal{U}^{\prime}
My residence/post office address and citizenship	as stated belo	next to my name;
I believe I am the original, first and sole inventor	MCONING PROPERTY	ne is listed below) or an original, first and joint inventor (if plural names
are listed below) of the subject matter which is cla	imed and for wh	hich a patent is sought on the invention entitled:
SYSTEM FOR HUMAN TISSUE RECOVERY		
the specification of which is attached hereto unles	s the following b	box is checked:
() was filed on as U	JS Application S	Serial No. or PCT International Application
Number and wa	s amended on _	(if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:
			YES: NO:

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE
60/200,159	4/26/2000

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)
60/200,159	4/26/2000	Pending

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Gerard H. Bencen, Reg. No. 35746

Timothy H. Van Dyke, Reg. No. 43218

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that these statements were made with the knowledge that willful false	ge are true and that all statements made on information and belief are believed to be true; and furthe statements and the like so made are punishable by fine or imprisonment, or both, under Section 100 ments may jeopardize the validity of the application or any patent issued thereon.
Full Name of Inventor: Russell S. Donda	Citizenship: USA

Date

Inventor's Signature

Full Name of Inventor: _______ Citizenship: _______

Residence: _______

Post Office Address: _______

Inventor's Signature Date

Post Office Address:

Full Name of Inventor:

Residence:

Inventor's Signature

Citizenship:

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08/20/01 MON 16:10 FAX SENT BY: BENCEN & VAN DYKE, P.A.;

407 228 0329;

JUL-9-01 5:39PM:

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DECLARATION AND POWER FATTORNEY ATTORNEY DOCKET NO. RTI-130R FOR PATENT APPLICATION (continued) Citizenship: USA_ Full Name of Inventor: Inmis M. Grooms Residence: 1 Innovation Drive, Alachus, FL 32615 USA Post Office/Address: Same Full Name of Inventor: Nancy Holland Citizenship: USA Residence: I Innovation Drive, Alachua, FL 32615 USA Post Mice Address: Same Hallaul Full Name of Inventor: _ Cltlzenship: Residence: __ Post Office Address: _ Date laventor's Signature Citizenship: Full Name of Inventor: Residence: Post Office Address: _ Date Inventor's Signature Full Name of Inventor: Cilizenship: ____ Residence: __ Post Office Address: ____ Date laventor's Signature Clitzenship: ___ Full Name of Inventor: Residence: ___ Post Office Address: ___ Date Inventor's Signature